

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF INDIANA

Case number (if known)

Chapter 7 Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Restor Property Restoration, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 46-3025829

4. Debtor's address Principal place of business

510 W. Carmel Dr
Carmel, IN 46032

Number, Street, City, State & ZIP Code

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Hamilton
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- Partnership (excluding LLP)
- Other. Specify: _____

Debtor Restor Property Restoration, LLC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

 No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

 No Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor Restor Property Restoration, LLC
Name _____

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

 Other _____**Where is the property?**

Number, Street, City, State & ZIP Code _____

Is the property insured? No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds** *Check one:* Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor

Restor Property Restoration, LLC

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 3, 2017

MM / DD / YYYY

X /s/ Brian Southard

Signature of authorized representative of debtor

Brian Southard

Printed name

Title Member

18. Signature of attorney

X /s/ Erika K. Singler

Signature of attorney for debtor

Date August 3, 2017

MM / DD / YYYY

Erika K. Singler

Printed name

Halcomb Singler, LLP

Firm name

789 W. Main St.

Carmel, IN 46032

Number, Street, City, State & ZIP Code

Contact phone 317-575-8222

Email address erika@halcombsingler.com

25662-49

Bar number and State

Fill in this information to identify the case:

Debtor name Restor Property Restoration, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

 Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 3, 2017X /s/ Brian Southard

Signature of individual signing on behalf of debtor

Brian Southard

Printed name

Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Restor Property Restoration, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

 Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B..... \$ 0.00

1b. Total personal property:

Copy line 91A from Schedule A/B..... \$ 40,182.76

1c. Total of all property:

Copy line 92 from Schedule A/B..... \$ 40,182.76

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$ 0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ 9,621.75

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ 1,368,462.22

4. Total liabilities

Lines 2 + 3a + 3b

\$ 1,378,083.97

Fill in this information to identify the case:

Debtor name Restor Property Restoration, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) _____ Type of account _____

Last 4 digits of account number

3.1. Chase BankChecking\$2.76**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2.76**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes Fill in the information below.**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes Fill in the information below.**11. Accounts receivable**

11a. 90 days old or less:

40,000.00

-

0.00

=

\$40,000.00

face amount

doubtful or uncollectible accounts

Debtor Restor Property Restoration, LLC _____ Case number (*If known*) _____
 Name _____

11b. Over 90 days old:	1,545.26	-	1,545.26 =....	\$0.00
	face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	7,204.00	-	7,204.00 =....	\$0.00
	face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	4,024.74	-	4,024.74 =....	\$0.00
	face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	15,419.68	-	15,419.68 =....	\$0.00
	face amount		doubtful or uncollectible accounts	

12. **Total of Part 3.** _____ **\$40,000.00** _____
 Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

39. **Office furniture** _____ **\$500.00** _____ **\$100.00** _____
Two desks, two chairs. _____

40. **Office fixtures** _____ **\$100.00** _____ **\$30.00** _____
Two white boards. _____

Debtor Restor Property Restoration, LLC _____ Case number (*If known*) _____
 Name _____

41. **Office equipment, including all computer equipment and communication systems equipment and software**
Two copiers. \$400.00 \$50.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** _____ \$180.00
 Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

Current value of
 debtor's interest

71. **Notes receivable**
 Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
 Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Debtor	<u>Restor Property Restoration, LLC</u> Name	Case number (<i>If known</i>)
Becky Hintz. Debtor estimates over \$1,000,000 embezzled by Ms. Hintz. Ms. Hintz is currently incarcerated. Cause Nos. 29D04-1603-FD-2302 & 29D04-1603-F6-2396.		<u>Unknown</u>
Nature of claim	<u>Embezzlement of former bookkeeper.</u>	
Amount requested	<u>\$0.00</u>	

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90. \$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No

Yes

Debtor Restor Property Restoration, LLC
NameCase number (*If known*) _____Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$2.76	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$40,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$180.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$40,182.76	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$40,182.76

Fill in this information to identify the case:

Debtor name Restor Property Restoration, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name Restor Property Restoration, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

 Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

 No. Go to Part 2. Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Indiana Department of Workforce Develop 10 N Senate Ave, Ste 202 Indianapolis, IN 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$6,245.38</u> <u>\$6,245.38</u>
	Date or dates debt was incurred 2014-2016	Basis for the claim: Corporate liability.	
	Last 4 digits of account number 5676	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2	Priority creditor's name and mailing address Internal Revenue Service Department of the Treasury Kansas City, MO 64999	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$3,376.37</u> <u>\$3,376.37</u>
	Date or dates debt was incurred 2016	Basis for the claim: Federal tax lien.	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Restor Property Restoration, LLC Name	Case number (if known)
3.1	<p>Nonpriority creditor's name and mailing address Allied Building Products c/o Bleecker Brodey & Andrews 9247 North Meridian St, Ste 101 Indianapolis, IN 46260</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>Unknown</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Judgment.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$384,073.80
3.2	<p>Nonpriority creditor's name and mailing address American Builders & Contractors SupplyCo c/o Rubin & Levin, PC 135 N. Pennsylvania St., Ste 1400 Indianapolis, IN 46204</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>Unknown</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Judgment.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$111,442.59
3.3	<p>Nonpriority creditor's name and mailing address Arrowhead Building Supply, Inc. c/o Barr Credit Services 5151 E. Broadway Blvd Tucson, AZ 85711</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>0080</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Collection.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$81,526.00
3.4	<p>Nonpriority creditor's name and mailing address Beacon Sales Acquisition, Inc. c/o Rubin & Levin, PC 135 N. Pennsylvania St, Ste 1400 Indianapolis, IN 46204</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>Unknown</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Judgment.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$235,863.21
3.5	<p>Nonpriority creditor's name and mailing address Bob Champ 1012 Sago Palm Way Apollo Beach, FL 33572</p> <p>Date(s) debt was incurred <u>2015</u></p> <p>Last 4 digits of account number <u>None</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Unpaid wages.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$10,000.00
3.6	<p>Nonpriority creditor's name and mailing address Carter Lumber 2107 Westfield Rd Noblesville, IN 46062</p> <p>Date(s) debt was incurred <u>2015</u></p> <p>Last 4 digits of account number <u>8001</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Supplies.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$4,377.33
3.7	<p>Nonpriority creditor's name and mailing address Chevy Chase Business Park LP 300 Park Blvd, Ste 201 Itasca, IL 60143</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>Unknown</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Judgment.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		\$13,581.68

Debtor	Restor Property Restoration, LLC Name	Case number (if known)
3.8	Nonpriority creditor's name and mailing address Custom Installations c/o Canning & Canning, LLC 1000 Skokie Blvd, Ste 355 Wilmette, IL 60091 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Erie Insurance Exchange c/o Rubin & Levin 135 N. Pennsylvania St, Ste 1400 Indianapolis, IN 46204 Date(s) debt was incurred _____ Last 4 digits of account number <u>5057</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address Faegre Baker Daniels, LLP 2200 Wells Fargo Center 90 South Seventh Street Minneapolis, MN 55402 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>0482</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Gemini Insurance Co c/o Rubin & Levin, PC 135 N. Pennsylvania St., Ste 1400 Indianapolis, IN 46204 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Hamilton Partners, Inc. 2150 Lake Cook Rd, Suite 60-C Buffalo Grove, IL 60089 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Past due rent.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Home Depot P.O. Box 790328 Saint Louis, MO 63179 Date(s) debt was incurred _____ Last 4 digits of account number <u>2289</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address IT Solutions, Inc. c/o Timothy H. Wall 8465 Keystone Crossing Blvd, Ste 160 Indianapolis, IN 46240 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Restor Property Restoration, LLC Name	Case number (if known)
3.15	<p>Nonpriority creditor's name and mailing address Jason Chase 617B Custer Ave Evanston, IL 60202</p> <p>Date(s) debt was incurred <u>2015</u></p> <p>Last 4 digits of account number <u>None</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Unpaid wages.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.16	<p>Nonpriority creditor's name and mailing address Keltner Property Group, LLC 3530 Timber Springs Ct Carmel, IN 46033</p> <p>Date(s) debt was incurred <u>01/2015</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Any claim.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.17	<p>Nonpriority creditor's name and mailing address Kistner Enterprises, Inc. c/o Nicholas Herbert Dandurand 33 W. 10th St., Ste 100 Anderson, IN 46016</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>Unknown</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Judgment.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.18	<p>Nonpriority creditor's name and mailing address Liane Steffes c/o Ryan Matthew Spahr 6500 W. Westfield Rd Indianapolis, IN 46220</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>Unknown</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Collection.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.19	<p>Nonpriority creditor's name and mailing address Midwest Graffiti 4803 Brenridge Court Greenwood, IN 46143</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>Unknown</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Collection.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	<p>Nonpriority creditor's name and mailing address N2 Publishing c/o Mark A. Kirkorsky, PC 1119 W. Southern Ave, 2nd Floor Mesa, AZ 85210</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>Unknown</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Advertising.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	<p>Nonpriority creditor's name and mailing address Quill P.O. Box 37600 Philadelphia, PA 19101</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u>9519</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Supplies.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	Restor Property Restoration, LLC Name	Case number (if known)	
3.22	Nonpriority creditor's name and mailing address Scott Fisher Dreary Simmons Vornehm, LLP 736 Hanover Place, Ste 200 Carmel, IN 46032 Date(s) debt was incurred _____ Last 4 digits of account number <u>6371</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney fees.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,656.00
3.23	Nonpriority creditor's name and mailing address Small Business Term Loans, Inc. c/o Carmen M Piasecki 205 W Jefferson, Ste 600 South Bend, IN 46601 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,759.00
3.24	Nonpriority creditor's name and mailing address Smiley c/o Law Offices of David Mokotoff 426 Park Avenue East Highland Park, IL 60035 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,602.00
3.25	Nonpriority creditor's name and mailing address SRS Distribution, Inc. c/o Rubin & Levin, PC 135 N. Pennsylvania St, Ste 1400 Indianapolis, IN 46204 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,063.80
3.26	Nonpriority creditor's name and mailing address State of Indiana c/o Ernani S. Magalhaes 302 West Washington St, IGCS, 5th Floor Indianapolis, IN 46204 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.27	Nonpriority creditor's name and mailing address The Boulders @ Katy Trail c/o Consumer Collection Management P.O. Box 1839 Maryland Heights, MO 63043 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,042.25
3.28	Nonpriority creditor's name and mailing address The Lindemann Chimney Co 110 Albrecht Dr Lake Bluff, IL 60044 Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u>273A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00

Debtor	Restor Property Restoration, LLC Name	Case number (if known)	
3.29	Nonpriority creditor's name and mailing address Toshiba Financial Services P.O. Box 64211 Pittsburgh, PA 15264 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$913.17
3.30	Nonpriority creditor's name and mailing address Wex Cards 225 Gorham Rd South Portland, ME 04106 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.31	Nonpriority creditor's name and mailing address WTHR 1000 N. Meridian St Indianapolis, IN 46204 Date(s) debt was incurred _____ Last 4 digits of account number <u>Unknown</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,074.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	9,621.75
5b.	+	1,368,462.22
5c.	\$	1,378,083.97

Fill in this information to identify the case:

Debtor name Restor Property Restoration, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

 Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Restor Property Restoration, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) _____

 Check if this is an amended filingOfficial Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address			Name	Check all schedules that apply:
2.1		Street				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City	State	Zip Code		
2.2		Street				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City	State	Zip Code		
2.3		Street				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City	State	Zip Code		
2.4		Street				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City	State	Zip Code		

Fill in this information to identify the case:

Debtor name **Restor Property Restoration, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF INDIANA**

Case number (if known) _____

 Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business** None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that applyGross revenue
(before deductions and exclusions)From the beginning of the fiscal year to filing date:
From 1/01/2017 to Filing Date Operating a business

\$0.00

 Other _____For prior year:
From 1/01/2016 to 12/31/2016 Operating a business

\$0.00

 Other _____For year before that:
From 1/01/2015 to 12/31/2015 Operating a business

\$2,859,000.00

 Other _____**2. Non-business revenue**Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1. None.

Description of sources of revenue

Gross revenue from
each source
(before deductions and
exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor Restor Property Restoration, LLC

Case number (if known) _____

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Small Business Term Loans, Inc v. Restor Restoration, LLC, Brian Southard 29D01-1602-CC-001168	Collection	Hamilton County Superior Court 1 One Hamilton Square, #345 Noblesville, IN 46060	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Beacon Sales Acquisitions v. Restor Property Restoration, LLC 29D02-1511-CC-010067	Civil	Hamilton County Superior Court 2 One Hamilton Square, #384 Noblesville, IN 46060	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3. American Builders & Contractors Supply Co v. Restor Property Restoration, LLC 29D02-1610-CC-008891	Civil	Hamilton County Superior Court 2 One Hamilton Square, #384 Noblesville, IN 46060	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4. Allied Building Products v. Brian Southard, Abelard Construction, LLC, Becky Hines 29D03-1405-CC-005038	Civil	Hamilton County Superior Court 3 One Hamilton Square, #311 Noblesville, IN 46060	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor Restor Property Restoration, LLC Case number (if known) _____

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5. Gemini Insurance Co v. Restor Property Restoration, LLC 49D11-1604-CC-013879	Civil	Marion County Superior Court, Civil 11 200 E. Washington St, #T-1421 Indianapolis, IN 46204	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.6. SRS Distribution, Inc v. Restor Property Restoration, Inc 49D13-1603-CC-009773	Civil	Marion County Superior Court, Civil 13 200 E. Washington St, #T-1442 Indianapolis, IN 46204	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.7. Kistner Enterprises, Inc v Restor Property Restoration, LLC, Brian Southard 29D05-1602-PL-00143	Civil	Hamilton County Superior Court 5 One Hamilton Square, #297 Noblesville, IN 46060	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.8. Liane Steffes v. Abelard Construction, LLC, Restor Property Restoration, LLC 29D03-1504-PL-002804	Civil	Hamilton County Superior Court 3 One Hamilton Square, #311 Noblesville, IN 46060	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9. State of Indiana v. Abelard Construction, LLC, Restor Property Restoration, LLC 29D01-1401-MI-000151	Civil	Hamilton County Superior Court 1 One Hamilton Square, #345 Noblesville, IN 46060	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10 IT Solutions, Incv. Restor Property Restoration 49K05-1601-SC-0537	Civil	Marion County Small Claims Court Pike Township Division 5665 Lafayette Rd, Ste B Indianapolis, IN 46254	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.11 William E Bindley and Mary Ann Bindley v. Abelard Construction, Restor Property Restoration, LLC, Brian K. Southard 29D02-1601-PL-000531	Civil	Hamilton County Superior Court 2 One Hamilton Square, #384 Noblesville, IN 46060	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

Debtor Restor Property Restoration, LLC

Case number (if known) _____

 None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Halcomb Singler, LLP 789 W. Main St. Carmel, IN 46032	Attorney Fees		\$5,000.00
Email or website address erika@halcombsingler.com			
Who made the payment, if not debtor? Brian Southard			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Debtor Restor Property Restoration, LLC

Case number (if known) _____

Address	Dates of occupancy From-To
14.1. 510 W. Carmel Dr. Carmel, IN 46032	3/2014 - 8/2015
14.2. 110 E. Main St. Carmel, IN 46032	1/2014 - 3/2014

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

No.
 Yes. State the nature of the information collected and retained.

Customer names and addresses.

Does the debtor have a privacy policy about that information?

No
 Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor Restor Property Restoration, LLC

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 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law? No. Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material? No. Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

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25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
-----------------------	-------------------------------------	--

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
------------------	----------------------------

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Date of service From-To
------------------	----------------------------

26b.1. **Matt Barnes, CPA**
81 Mill St, Ste 300
Columbus, OH 43230

1/2014 - 2/2015

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26c.1. **Matt Barnes, CPA**
81 Mill St., Ste 300
Columbus, OH 43230

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Brian Southard	5883 William Conner Way Carmel, IN 46032	Owner	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in Official Form 207 Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 3, 2017

/s/ Brian Southard
 Signature of individual signing on behalf of the debtor

Brian Southard
 Printed name

Position or relationship to debtor Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

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Southern District of Indiana

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DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>5,000.00</u>
Prior to the filing of this statement I have received	\$ <u>5,000.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify): **Brian Southard**

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 3, 2017

Date

/s/ Erika K. Singler

Erika K. Singler

Signature of Attorney

Halcomb Singler, LLP

789 W. Main St.

Carmel, IN 46032

317-575-8222 Fax: 317-575-8233

erika@halcombsingler.com

Name of law firm

**United States Bankruptcy Court
Southern District of Indiana**

In re Restor Property Restoration, LLC

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VERIFICATION OF CREDITOR MATRIX

I, the Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: August 3, 2017

/s/ Brian Southard

Brian Southard/Member
Signer/Title

ALLIED BUILDING PRODUCTS
C/O BLEECKER BRODEY & ANDREWS
9247 NORTH MERIDIAN ST, STE 101
INDIANAPOLIS, IN 46260

AMERICAN BUILDERS & CONTRACTORS SUPPLYCO
C/O RUBIN & LEVIN, PC
135 N. PENNSYLVANIA ST., STE 1400
INDIANAPOLIS, IN 46204

ARROWHEAD BUILDING SUPPLY, INC.
C/O BARR CREDIT SERVICES
5151 E. BROADWAY BLVD
TUCSON, AZ 85711

BEACON SALES ACQUISITION, INC.
C/O RUBIN & LEVIN, PC
135 N. PENNSYLVANIA ST, STE 1400
INDIANAPOLIS, IN 46204

BOB CHAMP
1012 SAGO PALM WAY
APOLLO BEACH, FL 33572

CARTER LUMBER
2107 WESTFIELD RD
NOBLESVILLE, IN 46062

CHEVY CHASE BUSINESS PARK LP
300 PARK BLVD, STE 201
ITASCA, IL 60143

CUSTOM INSTALLATIONS
C/O CANNING & CANNING, LLC
1000 SKOKIE BLVD, STE 355
WILMETTE, IL 60091

ERIE INSURANCE EXCHANGE
C/O RUBIN & LEVIN
135 N. PENNSYLVANIA ST, STE 1400
INDIANAPOLIS, IN 46204

FAEGRE BAKER DANIELS, LLP
2200 WELLS FARGO CENTER
90 SOUTH SEVENTH STREET
MINNEAPOLIS, MN 55402

GEMINI INSURANCE CO
C/O RUBIN & LEVIN, PC
135 N. PENNSYLVANIA ST., STE 1400
INDIANAPOLIS, IN 46204

HAMILTON PARTNERS, INC.
2150 LAKE COOK RD, SUITE 60-C
BUFFALO GROVE, IL 60089

HOME DEPOT
P.O. BOX 790328
SAINT LOUIS, MO 63179

INDIANA DEPARTMENT OF WORKFORCE DEVELOP
10 N SENATE AVE, STE 202
INDIANAPOLIS, IN 46204

INTERNAL REVENUE SERVICE
DEPARTMENT OF THE TREASURY
KANSAS CITY, MO 64999

IT SOLUTIONS, INC.
C/O TIMOTHY H. WALL
8465 KEYSTONE CROSSING BLVD, STE 160
INDIANAPOLIS, IN 46240

JASON CHASE
617B CUSTER AVE
EVANSTON, IL 60202

KELTNER PROPERTY GROUP, LLC
3530 TIMBER SPRINGS CT
CARMEL, IN 46033

KISTNER ENTERPRISES, INC.
C/O NICHOLAS HERBERT DANDURAND
33 W. 10TH ST., STE 100
ANDERSON, IN 46016

LIANE STEFFES
C/O RYAN MATTHEW SPAHR
6500 W. WESTFIELD RD
INDIANAPOLIS, IN 46220

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4803 BRENT RIDGE COURT
GREENWOOD, IN 46143

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PHILADELPHIA, PA 19101

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736 HANOVER PLACE, STE 200
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C/O CARMEN M PIASECKI
205 W JEFFERSON, STE 600
SOUTH BEND, IN 46601

SMILEY
C/O LAW OFFICES OF DAVID MOKOTOFF
426 PARK AVENUE EAST
HIGHLAND PARK, IL 60035

SRS DISTRIBUTION, INC.
C/O RUBIN & LEVIN, PC
135 N. PENNSYLVANIA ST, STE 1400
INDIANAPOLIS, IN 46204

STATE OF INDIANA
C/O ERNANI S. MAGALHAES
302 WEST WASHINGTON ST, 1GCS, 5TH FLOOR
INDIANAPOLIS, IN 46204

THE BOULDERS @ KATY TRAIL
C/O CONSUMER COLLECTION MANAGEMENT
P.O. BOX 1839
MARYLAND HEIGHTS, MO 63043

THE LINDEMANN CHIMNEY CO
110 ALBRECHT DR
LAKE BLUFF, IL 60044

TOSHIBA FINANCIAL SERVICES
P.O. BOX 64211
PITTSBURGH, PA 15264

WEX CARDS
225 GORHAM RD
SOUTH PORTLAND, ME 04106

WTHR
1000 N. MERIDIAN ST
INDIANAPOLIS, IN 46204

**United States Bankruptcy Court
Southern District of Indiana**

In re **Restor Property Restoration, LLC**

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Restor Property Restoration, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Restor Property Restoration, LLC

None [Check if applicable]

July 30, 2017

Date

/s/ Erika K. Singler

Erika K. Singler

Signature of Attorney or Litigant

Counsel for **Restor Property Restoration, LLC**

Halcomb Singler, LLP

789 W. Main St.

Carmel, IN 46032

317-575-8222 Fax:317-575-8233

erika@halcombsingler.com